

# STANDARD CERTIFICATE OF DEATH

State File No. **15297**

LED MAY 5 1953

BIRTH NO. _____		REG. DIST. NO. <b>291</b>		PRIMARY REG. DIST. NO. <b>4433</b>		Registrar's No. <b>26</b>	
1. PLACE OF DEATH a. COUNTY <b>POTNAM</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>POTNAM</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIONVILLE</b>		c. LENGTH OF STAY (In this place) <b>3 1/2 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIONVILLE</b>		<b>0860</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIONVILLE</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ORA</b>		b. (Middle) <b>ENDLE</b>		c. (Last) <b>SHAVER</b>	
4. DATE OF DEATH		(Month) <b>APRIL</b>		(Day) <b>19</b>		(Year) <b>1953</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>FEB. 23, 1876</b>		9. AGE (In years last birthday) <b>77</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM OWNER (RETIRED)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>		11. BIRTHPLACE (State or foreign country) <b>SULLIVAN COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JOHN W. SHAVER</b>		13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE Mc COY</b>		14. NAME OF HUSBAND OR WIFE <b>FANNIE SHAVER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MR. ORAL SHAVER GREEN CITY, MISSOURI</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>arteriosclerosis hypertension right sided paralytic stroke</b> DUE TO <b>4 years ago</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4 years ago</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b> <b>years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<b>331X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>March 3, 1948</b> , to <b>April 19, 1953</b> , that I last saw the deceased alive on <b>April 19, 1953</b> , and that death occurred at <b>8:10 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Oral Shafer</b>		(Degree or title)		23b. ADDRESS <b>Don't know</b>		23c. DATE SIGNED <b>4/20/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APRIL 20, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>UNIONVILLE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>UNIONVILLE, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>4-28-53</b>		REGISTRAR'S SIGNATURE <b>Marcell Durbin</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>COMSTOCK FUNERAL HOME</b>		ADDRESS <b>UNIONVILLE: MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*James W. Comstock*

Signed .....

Student Embalmer

Licensed Embalmer No. 4197

P. O. Address Yonkersville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.